

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0085/OMB Control No. 3060-0319
 July 2013

<010> Study Area Code 351251
 <015> Study Area Name MEDIAPOLIS TEL CO
 <020> Program Year 2015
 <030> Contact Name: Person USAC should contact with questions about this data Angie Rupe
 <035> Contact Telephone Number: 3193943456 ext. Number of the person identified in data line <030>
 <039> Contact Email Address: arupe@mtctech.net Email of the person identified in data line <030>

Received & Inspected

JUL 02 2014

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 351251_IA_510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 351251_IA_610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 351251_IA_1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)
 <2005> (complete attached worksheet)

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)
 <3005> (complete attached worksheet)

No. of Copies rec'd 0+1

List ABCDE

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351251
<015>	Study Area Name	MEDIAPOLIS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angie Rupe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3193943456 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

MTC - 351251 - 5 Year Plan Network Plan.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net

[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351251
<015>	Study Area Name	MEDIAPOLIS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Annie Rupe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3193943456 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351251
<015>	Study Area Name	MEDIAPOLIS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angie Rupe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3193943456 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351251
<015>	Study Area Name	MEDIAPOLIS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angie Rupe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3193943456 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net
<810>	Reporting Carrier	Mediapolis Telephone Company
<811>	Holding Company	
<812>	Operating Company	

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351251
<015>	Study Area Name	MEDIAPOLIS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angie Rupe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3193943456 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

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July 2013

<010>	Study Area Code	351251
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<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	351251
<015>	Study Area Name	MRDIAPOLIS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angie Rupe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3193943456 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net

351251_IA_1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.mtctech.net

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



(2000) Price Cap Carrier Additional Documentation**Data Collection Form**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351251
<015>	Study Area Name	MEDIAPOLIS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angie Rupe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3193943456 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	351251
<015> Study Area Name	MEDIAPOLIS TEL CO
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Angie Rupe
<035> Contact Telephone Number - Number of person identified in data line <030>	3193943456 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	arupe@mtcotech.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

351251_TA_3016.pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐
(3023) Underlying information subjected to a review by an independent certified public accountant ☐
(3024) Underlying information subjected to an officer certification. ☐
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	351251
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<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: MEDIAPOLIS TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date
Printed name of Authorized Officer: Angie Rupe	
Title or position of Authorized Officer: Office Manager	
Telephone number of Authorized Officer: 3193943456 ext.	
Study Area Code of Reporting Carrier: 351251	Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	351251
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<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Angie Rupe
<035> Contact Telephone Number - Number of person identified in data line <030>	3193943456 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**(700) Price Offerings Including Voice Rate Data
Data Collection Form**

FCC Form 481

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<035>	Contact Telephone Number - Number of person identified in data line <030>	3193943456 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtcotech.net

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net

[illegible]

(800) Operating Companies
Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	arupe@mtctech.net
<810>	Reporting Carrier	Mediapolis Telephone Company
<811>	Holding Company	
<812>	Operating Company	

[illegible]

CERTIFICATION OF Mediapolis Telephone Company

Reporting Period January 1 – December 31, 2013

Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, Mediapolis Telephone Company hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Mediapolis Telephone Company follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached are annual notices to customers on matters related to customer privacy. Mediapolis Telephone Company has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 20, 2014

/s/ William R. Malcom

William R. Malcom
General Manager & CEO
Mediapolis Telephone Company

-- Regulatory Notification--
Important information for customers
with unlisted or nonpublished numbers

**Billing, Name and Address (BNA)
Notification**

The FCC has ruled that under certain circumstances the Billing Name and Address (BNA) of all telephone customers (including unlisted and nonpublished customers) can be released to telecommunications service providers for use other than marketing purposes. The main reason for releasing BNA information is to ensure proper billing for certain types of calls.

For instance, calls such as collect, third number or calling card calls may be carried by an interexchange carrier who is not your pre-subscribed interexchange carrier or who does not have a billing contract with our company. Under these circumstances, the carrier does not know who to bill the call to, and therefore, must request the BNA from our company in order to bill the call. We must provide the information to the requesting carrier.

BNA can also be released for several other reasons, including verification for pre-subscription and new address purposes, fraud prevention, servicing your account and similar purposes.

If you have an unlisted or nonpublished telephone number, you have a choice. If you do not want your BNA released by our company, we need affirmative notification from you within 30 days. You should know that if you provide us with such notification, your ability to make third number or calling card calls or to receive collect calls could be denied. Should you have questions regarding this matter or would like to block your BNA information from being released, please call our business office.

Important Notice Regarding Your Account Information

MTC Technologies knows the importance of personal privacy to our customers. MTC Technologies keeps all account information strictly confidential to the fullest extent possible and uses industry-accepted technology to safeguard customer data. Recent changes in federal law concerning telecommunications companies regulate the use of account information to selectively market specific products and services to specific customers.

What kind of information are we referring to?

This information, legally referred to as Customer Proprietary Network Information (CPNI), includes data such as which long distance carrier you have chosen, what calling features you use and which calling plans, if any, you have subscribed.

Who uses this information and is it protected?

Only MTC Technologies can see or use this information. It is never released to outside companies. You have the right, and we have the duty under federal law, to protect the confidentiality of this type of information.

What do I need to do?

No action on your part is necessary. If you wish to restrict MTC Technologies's ability to tailor our service offerings to your individual needs, you may contact us using the info below. Should you wish to restrict use of your CPNI, please contact our local office at 319-394-3456 or office@mepotelco.net.

Your request should be sent within 30 days of receipt of this notice. Restricting CPNI may make you ineligible to receive information from MTC Technologies about new products and services, packaged offerings, and various promotions.

How does this affect services I receive?

Whatever you decide will not affect the provision of any services to which you subscribe. Your approval or denial for use of CPNI will remain valid until you tell us otherwise. Again, we only use your account information to market other telecommunication products and services we offer and no action is required on your part unless you wish to restrict our use of your CPNI. You will still receive monthly bill inserts, quarterly newsletters, and other publications that are sent to all customers at the same time, so you will be kept up-to-date on what is happening in the company.

We look forward to being able to serve your telecommunication needs more efficiently with new products and services based on the information we know about your account.

CERTIFICATION OF Mediapolis Telephone Company

Reporting Period January 1 – December 31, 2013

Sec. 54.313(a)(6) Ability to Function in an Emergency Situation

Pursuant to § 54.313(a)(6) for High-cost Recipients, Mediapolis Telephone Company hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Mediapolis Telephone Company is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Mediapolis Telephone Company has backup battery (or equivalent power) reserve in its central office, which enables it to provide service for a reasonable period of time if external power is lost. Mediapolis Telephone Company's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Mediapolis Telephone Company has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 20, 2014.

/s/ William R. Malcom

William R. Malcom
General Manager & CEO
Mediapolis Telephone Company

CERTIFICATION OF MEDIAPOLIS TELEPHONE COMPANY

Reporting Period January 1 – December 31, 2013

47 CFR 54.313(a)(10) - Voice Services Rate Comparability

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

On March 20, 2014, the WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$20.46. This was also published in the FCC's Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh Order on Reconsideration, and Further Notice of Proposed Rulemaking Adopted April 23, 2014 and Released June 10, 2014. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2014 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 20, 2014.

/s/ William R. Malcom

William R. Malcom

General Manager

Mediapolis Telephone Company, Inc.

351251_IA_112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

REDACTED – FOR PUBLIC INSPECTION

Low-Income Telephone Assistance Program

Lifeline

Lifeline is a plan that assists qualified low-income lowans by providing a monthly reduction of \$9.25 on their local telephone bill.

You may only receive low-income assistance from one wireline or wireless telephone provider per household.*

***NOTE:**

A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

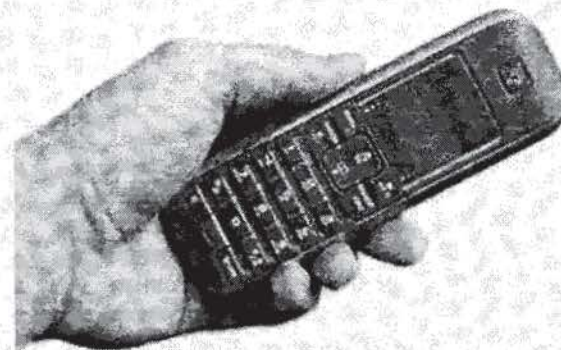
In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.
2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: January 2014



Courtesy of:

**Iowa Telecommunications Association,
Iowa Utilities Board,
Rural Iowa Independent Telephone
Association, and
your Local Telephone Company**

Company Name _____

135 percent of federal poverty guidelines

(As of January 22, 2014)

Number of people living in home	Household Income (at or below)
1	\$15,755
2	\$21,236
3	\$26,717
4	\$32,198
5	\$37,679
6	\$43,160
7	\$48,641
8	\$54,122
* For each additional person	Add \$5,481

Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:
 - Last year's federal or state income tax return
 - Current annual income statement from employer
 - Paycheck stubs for most recent three consecutive months
 - Social Security statement of benefits
 - Veteran's Administration statement of benefits
 - Retirement or pension statement of benefits
 - Unemployment or worker's compensation statement of benefits
 - Letter of participation in general assistance
 - Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **These documents will not be kept or stored by the local telecommunications provider.**

For questions, please call your local telecommunications provider.



Company Name: _____

Iowa Lifeline Assistance Certification Form

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will not be kept, shared or stored.

(PLEASE PRINT)

Name:

(Last)

(First)

(Middle)

Residential Address: (may not be a P.O. Box)

(Street)

(Apt. #)

(City)

(State)

(Zip)

Check one below:

☐ Permanent Address

☐ Temporary Address (must verify address every 90 days)

Is this address occupied by multiple households? _____ Yes _____ No

Billing Address (if different than Residential Address):

(Street)

(City)

(State)

(Zip)

Telephone number or existing account number: _____

Date of Birth: (mm/dd/yyyy) _____ Last 4 digits of Social Security #: _____

Please answer the following questions:

1. Are you or anyone in your household currently participating in any of the following programs?

(Check one & attach documentation*)

☐ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)

☐ Supplemental Nutrition Assistance

☐ Supplemental Security Income (SSI)

☐ Federal Public Housing Assistance Section 8

☐ Low-Income Home Energy Assistance Program (LIHEAP)

☐ Temporary Assistance to Needy Families Program (TANF)

☐ National School Lunch Program (NSL) Free Lunch Program; OR

2. Is your income at or below 135 percent of the Federal Poverty Guidelines?

_____ Yes _____ No (*Proof of income is required)

If yes, how many persons are in your household? _____

3. Are you or anyone else in your household currently receiving any Lifeline telephone assistance from any other wireline or wireless telephone provider?

_____ Yes _____ No

***NOTE: Any documentation received with the certification form will not be kept or stored by the local telecommunications provider.**

351251_IA_3016

ROR Data – 3005a, 3005b, 3005c
(Balance Sheet, Income Statement, Cash Flows)

REDACTED – FOR PUBLIC INSPECTION

351251_IA_3026

ROR Data – Audited Financial Statements

REDACTED – FOR PUBLIC INSPECTION